

# Belarus

## Together against Hepatitis

### NGO – hepatitis patient group

Minsk, Belarus

<http://by-hepatit.net/> <http://www.antihep.by/>

## SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Belarus reported for the 2013 World Health Organization Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States.

✓ The government information was thought to be accurate for **36.0%** of items.

Survey points marked "accurate":  
1.1, 3.1, 3.3, 4.1, 4.2, 4.5, 4.10, 5.2 and 5.5.

✗ The government information was thought to not be accurate for **12.0%** of items.

Survey points marked "not accurate":  
5.1, 5.3 and 5.4.

— The respondent took no position on the government information for **52.0%** of items.

Survey points marked "take no position":  
1.2, 1.3, 2.1, 2.2, 3.2, 3.4, 3.5, 4.3, 4.4, 4.6, 4.7, 4.8 and 4.9.

### Survey comments from Together against Hepatitis:

#### Information reported by government (2012–2013)

✓ To our knowledge, this information is accurate.

**3.3** Liver cancer cases and cases with HIV/hepatitis coinfection are registered nationally. The government publishes hepatitis disease reports monthly and annually.

✗ To our knowledge, this information is not accurate.

**5.1** Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through schools of health professionals (pre-service education), on-the-job training and post-graduate training. There are national clinical guidelines for the management of viral hepatitis. These guidelines include recommendations for cases of HIV coinfection.

**5.3** People testing for both hepatitis B and hepatitis C register by name; the names are kept confidential within the system. Hepatitis B and hepatitis C tests are free of charge for all individuals and are compulsory for members of some specific groups but these groups were not identified.

**5.4** Publicly funded treatment is available for hepatitis B and C. Information was not provided on who is eligible for publicly funded treatment for hepatitis B. Publicly funded treatment for hepatitis C is available only to people with acute infection (not those with chronic infection). Information was not provided on the amount spent by the government on such treatment for hepatitis B and hepatitis C.

#### Civil society respondent comments (2014)

**Statistics on viral hepatitis are not publicly available.**

**Awareness about viral hepatitis, especially about hepatitis C and modern approaches to treatment, can be described as insufficient. Often health professionals (even infectious disease doctors) do not know that hepatitis C can be treated and advise their patients incorrectly about the cost, success of treatment and the therapy itself. This situation is typical for the provinces and small towns. Specialists from related health areas (maternity staff, dentists, therapists etc.) are very poorly informed about viral hepatitis. Despite the existence of well-designed and strict regulations, their implementation is weak.**

**Confidentiality is alleged. Patients report cases when infectionists call at home or at work and provide information to the family, colleagues and third parties without their knowledge. To get tested for hepatitis free of charge (PCR), a doctor's referral is needed.**

**Patients with chronic hepatitis B and chronic hepatitis C need to pay for the treatment from their own resources. Public medicine provides two first injections of pegylated interferon (dual therapy), doctor consultations and free blood tests during the therapy time (on doctor's referral).**

**—** We take no position regarding this statement.

#### Information reported by government (2012–2013)

**2.1** The government held events for World Hepatitis Day 2012. It has funded other viral hepatitis public awareness campaigns since January 2011 (Annex A).

**2.2** The government collaborates with the following in-country civil society groups to develop and implement its viral hepatitis prevention and control programme: NGO "Positive Movement" and Belarusian Red Cross.

**3.5** Information was not provided on whether there is a national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are conducted regularly; the target populations are people who inject drugs, men who have sex with men, pregnant women, people living with HIV, health-care workers, members of the military and prisoners. Information was not provided on when the last serosurvey was carried out.

**4.6** There is a national policy on injection safety in health-care settings. The policy recommends single-use syringes for therapeutic injections. Single-use or auto-disable syringes, needles and cannulas are always available in all health-care facilities.

**4.8** There is a national infection control policy for blood banks. All donated blood units (including family donations) and blood products nationwide are screened for hepatitis B and hepatitis C.

#### Civil society respondent comments (2014)

*In Belarus, in 2012, the action took place mostly on the Internet. General information about viral hepatitis was presented on the website of the Centre for Hygiene and Epidemiology and some other medical institutions. Information was given about all viral hepatitis, without separating into A, B, C, D and E and without specific instructions for health workers and patients.*

*The target groups of the NGO Positive Movement are people living with HIV and people who use drugs. The organisation's activities are not targeted specifically for hepatitis and do not cover other groups of patients. Belarusian Red Cross has no special programme for viral hepatitis either. In Belarus, hepatitis is captured only partially in the framework of HIV/AIDS programmes. Until April 2014, there were no NGOs in Belarus that dedicated their activities specifically to viral hepatitis.*

*To our knowledge, there is no national public health research agenda for viral hepatitis.*

*We have no information on the implementation of this policy.*

*This requirement exists, but there is no freely available information on its implementation.*

# Belarus

## Together against Hepatitis *continued*

### **Statement from Together against Hepatitis regarding key hepatitis policy issues in Belarus:**

There is no national strategy for viral hepatitis prevention. State regulations are badly implemented in the health care system. More informational work with health care professionals, especially in the regions, is required. Ways to increase the availability of hepatitis treatment should be found. Officials of the Ministry of Health should be better informed about the viral hepatitis situation in the country.

Officials should recognise the scale of the epidemic in the country. A national programme should be developed with the participation of patient NGOs. Patient education about hepatitis is needed.

Regarding prevention of transmission, stronger measures should be taken in this field to implement legal requirements. Providing materials in sufficient quantities (disposable gloves and instruments, sterilisers) to all medical institutions is required, especially in regions.

### **Evidence:**

Patients during three years (survey), reports from the patient web-forum, research reports, materials from the infection specialists' conference.